

EMERGENCY SHELTER GRANT PROGRAM

MONTHLY PROGRESS REPORT

January 1 - December 31

Reporting Period Covered: _____

SUBRECIPIENT _____

Address _____

Contact Person _____ Phone # _____

Project Name _____ Project # _____

PART I. ACTIVITY STATUS FOR MONTH

Progress Achieved in Accomplishing Project Goals and Objectives

(Goals and objectives should correspond to the goals and objectives in the approved grant application). Indicate measurable units (e.g. # of clients served this reporting period, # of clients low and moderate income persons, or # of brochures distributed, etc.)

A. ACTIVITIES (Goals/Objectives)

#1 _____

Planned:

Actual:

#2 _____

Planned:

Actual:

EXHIBIT "D"

B. DIFFICULTIES ENCOUNTERED

(As applicable, should include information on specific reasons why goals and objectives were not met)

ACTIVITY _____

Problem(s):

Resolutions/Corrective Action Plan and Schedule:

C. ACTIVITY ANTICIPATED NEXT REPORTING PERIOD

(Should correspond to the "Planned" entries under Progress Achieved in the next report)

Goal/Objective 1:

Goal/Objective 2:

EXHIBIT "D"

Part II:

1. Is the purpose of this activity to:
 - a. Help Prevent Homelessness? (Y/N)
 - b. Help the Homeless? (Y/N)
 - c. Help Those with HIV/AIDS? (Y/N)
 - d. Primarily help persons with disabilities? (Y/N)
2. Indicate program(s) and services(s) with an "✓":

<input type="checkbox"/> Emergency Shelter Facilities	<input type="checkbox"/> Transitional Housing
<input type="checkbox"/> Vouchers For Shelters	<input type="checkbox"/> Outreach
<input type="checkbox"/> Drop-In Center	<input type="checkbox"/> Soup Kitchen/Meal Distribution
<input type="checkbox"/> Food Pantry	<input type="checkbox"/> Health Care
<input type="checkbox"/> Mental Health	<input type="checkbox"/> HIV/AIDS Services
<input type="checkbox"/> Alcohol/Drug Program	<input type="checkbox"/> Employment
<input type="checkbox"/> Child Care	<input type="checkbox"/> Homeless Prevention
<input type="checkbox"/> Other	
3. Complete items below:
 - a. For Residential Services:
 1. Actual Number Served Daily Adults _____ Children _____
 2. Actual Number Served Monthly Adults _____ Children _____
 - b. For Non-Residential Services:
 1. Actual Number Served Daily Adults _____ Children _____
 2. Actual Number Served Monthly Adults _____ Children _____
4. Complete For Residential Services:
 - a. Enter Number of Individual Households (Singles):
 1. Unaccompanied 18 and over Male: _____ Female: _____
 2. Unaccompanied under 18 Male: _____ Female: _____
 - b. Enter Number of Families with Children Headed By:
 1. Single 18 and over Male: _____ Female: _____
 2. Youth 18 and under Male: _____ Female: _____
 3. Two Parents 18 and over Total: _____
 4. Two Parents under 18 Total: _____
 - c. Enter Number of Family Households with no children Total: _____

EXHIBIT "D"

5. Complete For Residential Services:

On a average day, actual number of the population served who are:

Chronically Homeless (ES only)	_____
Severely	_____
Chronic Substance Abuse	_____
Other Disability	_____
Veterans	_____
Persons with HIV/AIDS	_____
Victims of Domestic Violence	_____
Elderly	_____
Veterans	_____
Physically, Disabled	_____
Other	_____

6. Complete For Residential Services:

Shelter Type	Number of Persons Housed
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Barrack	
Group/Large House	
Scattered Site Apartment	
Single Family Detached House	
Mobile Home/Trailer	
Hotel/Motel	
Other	

7. Funding Sources:

ESG				
Other Federal				
Local Government				
Private				
Fees				
Other				
TOTAL				

EXHIBIT "D"

Part III: MONTHLY SERVICE STATISTICS

(1st Report should list all clients beginning January 1, thereafter list only new clients.)

1. Number of all persons served this month: _____
(NEW means never served and/or reported before)

2. Income of Clients Served this month:

a.	Number of Low & Moderate (L/M) Income Persons	
b.	Number of all Others (not low mod)	
c.	Total (should be same as #1 above)	
d.	Number of Low Income Persons <i>(Of the total L/M persons in item a, how many are low income?)</i>	
e.	Number of Extremely Low Income Persons <i>(Of the total L/M persons in item a, how many are extremely low income?)</i>	

3. Race/Ethnicity of Clients this month:

Of the number of persons served in #1, how many are:	RACE # Total	*Ethnicity # Hispanic
White		
Black/African American		
Asian		
American Indian/Alaskan Native		
Native Hawaiian/Other Pacific Islander		
American Indian/Alaskan Native & White		
Asian & White		
Black/African American & White		
Am. Indian/Alaskan Native & Black/African American		
Other Multi-Racial		
TOTAL		

* Of the race identified in 2nd column, how many are of Hispanic origin.

4. Number of Female Headed Households Served _____
 5. Number of Persons who are 62 or older _____
 6. **Cumulative Number of Persons Served to Date** _____

 Signature of Director

 Date

2008 HUD INCOME LIMITS

Family Size (persons)	Extremely Low Income (0%-30% of Median)	Low Income (31%-50% of Median)	Low/Moderate Income (51%-80% of Median)
1	\$0 - 11,400	\$0 - 19,000	\$0 - 30,400
2	\$0 - 13,050	\$0 - 21,700	\$0 - 34,750
3	\$0 - 14,650	\$0 - 24,450	\$0 - 39,100
4	\$0 - 16,300	\$0 - 27,150	\$0 - 43,450
5	\$0 - 17,600	\$0 - 29,300	\$0 - 46,950
6	\$0 - 18,900	\$0 - 31,500	\$0 - 50,400
7	\$0 - 20,200	\$0 - 33,650	\$0 - 53,900
8	\$0 - 21,500	\$0 - 35,850	\$0 - 57,350